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ABSTRACT

In evaluating the request of East Carolina University to offer a program for the first 2 years of medical education, the Educational Programs Committee of the North Carolina Board of Higher Education had to look at the broader problems of the training of physicians in the State. This report therefore is not only a response to East Carolina University, but also an outline of a broad statewide plan to increase the production of physicians. Essentially the plan calls for building upon the strong base offered by the three existing medical schools, but broadening the base to include work, both at the first-year stage of the medical training and again at the end of the medical training at a number of other centers in the State, including East Carolina University. ECU's specific request for a 2-year program was denied, but it was recommended that the University initiate a program of first-year medical education in cooperation with the School of Medicine of the University of North Carolina. (AF)

REPORT OF EDUCATIONAL PROGRAMS COMMITTEE AS APPROVED BY THE NORTH CAROLINA BOARD OF HIGHER EDUCATION CONCERNING THE REQUEST OF EAST CAROLINA UNIVERSITY FOR A MASTER OF MEDICAL SCIENCE DEGREE (TWO-YEAR CURRICULUM FOR THE SCHOOL OF MEDICINE)

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SPECIAL REPORT 1-71 (FEBRUARY 1971)
NORTH CAROLINA BOARD OF HIGHER EDUCATION
RALEIGH, NORTH CAROLINA

North Carolina
Board of
Higher Education

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REPORT OF EDUCATIONAL PROGRAMS COMMITTEE AS APPROVED BY THE NORTH CAROLINA BOARD OF HIGHER EDUCATION CONCERNING THE REQUEST OF EAST CAROLINA UNIVERSITY FOR A MASTER OF MEDICAL SCIENCE DEGREE (TWO-YEAR CURRICULUM FOR THE SCHOOL OF MEDICINE)

FEBRUARY 1971
NORTH CAROLINA BOARD OF HIGHER EDUCATION

ABSTRACT

1. On September 23, 1970, the North Carolina Board of Higher Education received a proposal from East Carolina University for a two-year program leading to a Master of Medical Science degree. Previously the 1969 General Assembly had appropriated $375,000 to East Carolina University for the 1969-71 biennium for the planning and development of a two-year curriculum for a school of medicine.

2. On October 16, 1970, the Board requested its Educational Programs Committee to study the East Carolina University proposal; to study when it became available the report of the Liaison Committee of the American Medical Association and the Association of American Medical Colleges concerning the capability and readiness of East Carolina University for provisional accreditation to mount the proposed program; and to make recommendations to the Board for its action.

3. On February 4, 1971, the report of the Liaison Committee was received from East Carolina University. The report stated that

> . . . after examining all the available evidence, including the report of its survey team on the visit of October 11-13, 1970, and reports of earlier consultations, [the Committee] is of the opinion that the state of development of the medical education program of East Carolina University does not justify provisional accreditation to accept an entering class of 1971.

4. The report of the Liaison Committee included favorable comment on some aspects of the East Carolina University proposal and less favorable comment on others. It placed special stress on the need to have definite arrangements for transfer of graduates of any program to a four-year medical school.

5. The Educational Programs Committee, which had studied the East Carolina University proposal over a period of several months, made recommendations to the full Board on February 19, 1971. These were unanimously approved.

6. The Committee concluded that the priorities for training of physicians should be as follows: (a) implement fully the plans of the University of North Carolina at Chapel Hill medical school for an orderly expansion of its entering class from 100 to 200 by the end of the decade; (b) contract with the Duke University and Bowman Gray medical schools for the education of the maximum number of additional North Carolina students at an annual per-student cost to the state of $3,650; and (c) continue support of the Meharry Medical College program in Nashville, Tennessee, through the Southern Regional Education Board at an annual per-student cost to the state of $2,750.

7. Medical education authorities generally agree that two-year medical schools are not desirable. Among their handicaps are a lack of space at the third-year level in established medical schools and changing patterns in

clinical training. The Committee, therefore, recommended against establishing a two-year medical school at East Carolina or elsewhere in the state. The Committee also recommended against developing a new four-year medical school in the state at this time.

8. The Committee recommended that the 1971 General Assembly appropriate funds for planning and initiating a program of first-year medical education at East Carolina University during the 1971-73 biennium in cooperation with the School of Medicine of the University of North Carolina and that appropriate legislation be drawn specifying a mandate of cooperation between the two state institutions. Such an affiliation should provide for joint planning and mutual agreements regarding admissions, enrollment totals, curriculum, faculty, transfer of students and other relevant matters, all to be developed in accordance with accreditation standards. Full transfer to the second-year class at the Medical School of the University of North Carolina should be provided for all students who satisfactorily complete the curriculum at East Carolina University. The Committee was of the opinion that it is illogical to plan any medical program which does not provide for transfer of students within the state. The present facilities at East Carolina University are adequate for a one-year medical education program. The program would operate at East Carolina University as part of its School of Allied Health Sciences. The estimated costs would not exceed $1 million for the 1971-73 biennium.

9. The Committee recognized that the University of North Carolina has contemplated for some time arrangements under which the first year of medical education might be offered on campuses other than that at Chapel Hill. The Committee concluded that experience in other states has demonstrated the wisdom of such an approach, and it recommended support of the University in making such arrangements, not only with East Carolina University, but perhaps in time with other institutions as well.

10. The Committee urged support of the University of North Carolina in expanding clinical training to additional hospital centers in the state. It noted the need for such training in both the eastern and far western parts of the state and urged that particular attention be given to clinical training in such centers as Greenville, Wilson and Goldsboro.

11. East Carolina University is commended for its interest in seeking solutions to the shortage of health care personnel in North Carolina.

12. The combination of providing first-year medical training at East Carolina University in conjunction with the School of Medicine of the University of North Carolina and providing fourth-year clinical experience at hospital centers in the east, as well as elsewhere in the state, should result in an increased production of doctors and should encourage them to practice in areas having special need for their services. Evidence indicates that there is a close correlation between place of residency training and the ultimate location of practice. This design is in harmony with sound and economical educational planning.

PREFACE

The Educational Programs Committee of the North Carolina Board of Higher Education, in evaluating the request of East Carolina University to offer a program for the first two years of medical education, has necessarily had to take a look at the broader problem of the training of physicians in North Carolina. The Committee was able to build upon a number of earlier studies of the shortage of physicians, notably the study made for the Legislative Research Commission, entitled Physician Shortage in Rural North Carolina (1969), the Board's own earlier study, Report of Committee on Shortage of Doctors in North Carolina (1969), and the Board's recent newsletter, Plan for Alleviating the Shortage of Physicians, Dentists, Nurses, Veterinarians and Other Health Care Personnel in North Carolina (November 30, 1970). The Educational Programs Committee also studied with interest recent developments in other states, some of which appear to hold great promise for our own state.

The result of the work of this Committee is more than a response to East Carolina University: it is the outline of a broad statewide plan to increase the production of physicians. Essentially the plan calls for building upon the strong base offered by the three existing medical schools, but broadening the base to include work, both at the first-year stage of the medical training and again at the end of the medical training, at a number of other centers in the state, including East Carolina University.

The plan here proposed is economical, yet it assures high quality. It will, if supported fully by the General Assembly and carried out vigorously by the institutions involved, greatly increase the production of physicians and help encourage them to practice in those areas of the state that need them most. The plan is exciting in the possibilities it offers for meeting the needs of our citizens, particularly in the less urban areas.

It should be remembered that the physician is one of a group of persons who together meet the health needs of a community. Nurses and a host of auxiliary personnel play roles of increasing significance in supplementing the work of the physician. The Board of Higher Education and its various advisory committees on medical personnel have made a number of recommendations that pertain to these other professions in the health care area (see the Board's November 30, 1970, newsletter). It is important for the state that, at the same time we increase the production of physicians, we also increase the production of auxiliary medical personnel.

Governor Robert Scott, as chairman of the Board of Higher Education, has expressed his personal appreciation and that of the members of the Board to the Educational Programs Committee, all of whose members have devoted long hours to the production of this report: J. P. Huskins (Chairman), H. Clifton Blue, Sammie Chess, Mrs. Harry P. Horton, J. Paul Lucas, Dr. Isaac H. Miller, Jr., and Mrs. George D. Wilson.

Cameron West
Director of Higher Education

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THE PROPOSAL

On September 23, 1970 East Carolina University delivered to the Board of Higher Education a proposal, dated September 9, 1970, for a two-year Master of Medical Science degree as the culmination of the University's plan to inaugurate a two-year medical school.[1] Officials of the University pointed out that a report of consultants for the program had not been included. A survey team designated by the Liaison Committee of the American Medical Association and the Association of American Medical Colleges was expected to visit the campus in October for the purpose of examining the program, determining the capability and readiness of the University to mount the program and formulating recommendations for the Liaison Committee regarding provisional accreditation. The University requested the Board to accept the report of the AMA-AAMC Liaison Committee as the consultants' report. This was agreed upon by the Board staff with the understanding that this be a written report and that, in the event additional assistance were needed in order to assure a comprehensive report (as provided by the Board "Procedures"), such assistance would be sought.

The survey team from the Liaison Committee carried out its examination on October 12 and 13, 1970. The team was composed of Dr. James A. Schofield, Chairman, Baylor College of Medicine; Dr. Hayden C. Nicholson, Secretary, American Medical Association; Dr. David E. Smith, University of Virginia School of Medicine; and Dr. Horace N. Marvin, University of Arkansas School of Medicine. At the conclusion of their visit the survey team, along with Dr. Edwin Monroe and Dr. Wallace Wooles of East Carolina University, visited with staff members of the Board of Higher Education (Dr. West and Dr. Stokes) in Raleigh in late afternoon October 13. At the request of Dr. Monroe, but with some reluctance, since it was considered a departure from the usual

[1]See Appendix A for Background History.

procedure, Dr. Schofield gave an informal, confidential, tentative review of the team's findings. Other members of the team participated. It was at first assumed by East Carolina University that a formal report from the Liaison Committee would be released before the end of the year, but subsequent information indicated that the survey team's report would not be acted upon by the Liaison Committee until January 28. The results (action of the Liaison Committee, including the site visitation team's evaluation) would then be delivered to East Carolina University and forwarded to the Board immediately thereafter. This report of the Liaison Committee was received by the Board on February 4, 1971, transmitted to the Educational Programs Committee the next day, and shortly thereafter to the full membership of the Board.

The Liaison Committee concluded that

> . . . after examining all the available evidence, including the report of its survey team on the visit of October 11-13, 1970, and reports of earlier consultations, /the Committee/ is of the opinion that the state of development of the medical education program of East Carolina University does not justify provisional accreditation to accept an entering class in 1971.

The Report of the survey team reviewed many aspects of the East Carolina University proposal, commenting favorably on some and less favorably on others. It put special stress on the need to have definite arrangements for transfer of the graduates of any program to a four-year medical school.

Progress reports on the status of the East Carolina University medical school request were made to the Board on October 16 and November 20, 1970 and on January 15, 1971, as well as to the Executive Committee of the Board on December 18, 1970.

By action of the Board at its October meeting the Educational Programs Committee was requested to study the proposal from the University, examine the recommendations of the Liaison Committee and report to the Board at a later date. At its meeting on January 5, 1971, the Educational Programs Committee was informed of the revised time-table and scheduled a special meeting of the Committee on February 8, 1971, which was followed by a second meeting on February 18. Meanwhile, the Committee took note of the fact that the Advisory Budget Commission omitted any recommendations on East Carolina University's request for funding, pointing out that prior action by the Board of Higher Education was essential under the statutes. (G.S. 116-158 (1))

During the preceding months and as a part of the Board's continuing efforts in planning for alleviation of the shortage of physicians, dentists, nurses, veterinarians, and other health care personnel in North Carolina,[2] the Board's staff sought updated information from the University of North Carolina, the Duke University Medical School, and Bowman Gray School of Medicine, Wake Forest University, concerning their plans for expanding medical education.

In arriving at recommendations the Educational Programs Committee has examined the history of the East Carolina proposal, the several actions of the General Assembly related thereto, the text of the proposal itself, possible alternatives to the establishment of a new medical school in the

[2]For full discussion see Higher Education in North Carolina, Vol. V, No. 8, November 30, 1970.

State, the viability of a two-year medical program, and the projected cost of the new school in relation to costs elsewhere. The Committee was assisted in its study by a number of persons knowledgeable in the field of medical education.

The report of the Board's Advisory Committee on Medical Education on September 10, 1970 spoke to the need for expanded medical services in North Carolina. The Committee in its report took eight positions concerning medical education and recommended them to the State Board of Higher Education for transmission through the Health Committee of the Legislative Research Commission to the 1971 General Assembly. On September 18 the Executive Committee of the Board reviewed these recommendations and authorized the Director of Higher Education to transmit them to the Health Committee. They were as follows:

1. That full and continued support be given to the long-range plans of the University of North Carolina at Chapel Hill to expand its entering class of 100 students in 1970 to 120 by 1973, to 160 by 1976, and to 200 in the years immediately following.
2. That the state support North Carolina resident students' four years of medical training in the private institutions, Duke University and Wake Forest University; that the state increase the amount of its annual support going directly to the university medical schools from $2,250 to $2,650 per North Carolina resident student (to offset rising costs); and that the state increase its amount of annual support for tuition remission from $250 to $1,000 per North Carolina resident student. Thus the total annual appropriation per North

Carolina resident student would be increased from $2,500 to $3,650.

3. That the Meharry Medical College program through the Southern Regional Education Board be continued for the next biennium and be supported financially by the state.

4. That the development of personnel to augment and support physician services is desirable and will serve to assist in delivering medical and health care services to the citizens of the state and that the development and expansion of education programs for such personnel in the institutions of higher education in North Carolina should be encouraged. Further, there are legal matters involved, including the licensing process, that will have to be resolved. The Board of Higher Education supports legislation necessary for the effective utilization of this category of personnel so that any existing legislative restrictions will not impede the implementation of programs directed toward this end.

5. That the pilot programs for training "physician's assistants" in progress at the medical schools of Duke and Wake Forest and the proposed program for "nurse practitioners" at the medical school of the University of North Carolina at Chapel Hill are designed specifically to produce a new type of health professional that will increase the productivity of physicians. Such programs should be developed in university medical centers. Their continuance and expansion will require stable financial support, however, and the state

should give serious consideration to this need in its overall plan to relieve the shortage of physicians.

6. That there is a distinct need for a mechanism within the state to accumulate and disseminate information concerning health manpower requirements in North Carolina. A clearinghouse or information system for health manpower should be established.

7. That the Advisory Committee recognizes that the North Carolina General Assembly in 1965, 1967, and 1969 authorized a two-year school of medicine to be created at East Carolina University; that East Carolina University is taking steps toward establishing a two-year medical school; that the three operating medical schools of the state have been advised of the needs of the anticipated students who will complete the two-year medical program at East Carolina University; and that administrators of the four-year schools have expressed a desire to cooperate and a willingness to accept, consistent with the admission policy of the respective schools, collectively up to 16-20 students from an accredited two-year medical school at East Carolina University.[3]

8. That plans of the medical schools of Wake Forest and Duke to increase further their entering class to 100 and 128 respectively when necessary additional resources become available should be encouraged.

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[3]The survey team subsequently concluded that the assurances given for acceptance of students completing the two-year curriculum were "not sufficient."

CONCLUSIONS

The Educational Programs Committee believes that the State's first responsibility must be to implement fully the plans of the School of Medicine of the University of North Carolina for an orderly expansion of its entering class from 100 to 200 by the end of the decade.

The University Medical School has already taken action to accelerate the proposed expansion of enrollment. The expansion to the full 200 entering students will be expensive,[4] but in terms of overall benefits it must rank as the State's number-one priority. Such a program will build upon the strengths of existing facilities, faculty, library, and resources of outstanding quality. Furthermore, the plans to utilize medical facilities at a number of locations over the state will broaden the University's services to the people of North Carolina and will offer the students opportunities to examine firsthand the needs in areas presently somewhat remote from medical education, and thus increase the likelihood of providing future physicians for non-urban areas.

Secondly, the Educational Programs Committee believes that the resources of the two private medical schools (Duke and Bowman Gray) must, through

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[4]The University's estimated cost for operations for these additional students is $6,000-$7,500 annually per student space.

The University has not submitted updated estimates of the capital expenditures needed for this expansion. Estimates of capital expenditures required for new four-year schools of medicine for entering classes of 100 students range as high as $180 million. At a hearing before the Senate Higher Education Committee of the North Carolina General Assembly, on February 16, 1971, medical authorities reported that the University of Massachusetts expects to spend $140 million to start a new medical school. It is clear that a new medical school, with all attendant facilities, is extremely expensive. Although medical authorities recognize that enlarging an existing school may, in some cases, be as costly as building a new one, expansion has the advantage of building upon existing strength.

contractual arrangements, be as fully employed as possible for the education of additional North Carolinians. Every encouragement possible should be given to these institutions to expand the enrollment of entering students. In the fall of 1969, the first year of the State's program of support, the two schools enrolled 41 North Carolinians as entering first-year students, an increase of eight over the average number enrolled during the three preceding years. In the fall of 1970, 66 were enrolled, an increase of 33 over the number prior to the commencement of the program - a doubling of the total number. If this level is maintained, by 1972 the number of North Carolinians in these two schools will have increased by 107 in 1972 and by 132 in 1973 over the number enrolled in the schools prior to the inauguration of the new incentive program.

The total cost to the State for the 1969-1971 biennium has been $2,500 annually per student. For the 1971-1973 biennium the request is for $3,650 per student. The cost of a medical education has been estimated to be from $80,000 to $145,000 per student. The proposed support cost of $14,600 for the four-year span per student represents an economy in the education of physicians virtually unparalleled anywhere. Such economy is made possible, of course, because of the utilization of existing facilities, faculty and resources at the two institutions. Both institutions have indicated that they are presently below feasible maximum enrollments and, provided funding became available. would look favorably upon increasing still further the number of entering students. There is grave concern on the part of the Committee lest the failure to provide State cooperation and undergirding will cause the resources of one or both of these institutions to be either greatly curtailed or lost altogether at a time when expansion is of prime importance.

Thirdly, it was agreed that efforts to continue the education of North Carolina students, and if possible to increase the number, at Meharry Medical College are of paramount importance, particularly if improvement of medical services to black minorities is to be achieved. Without losing sight of the fact that more blacks are being sought by the three existing in-state medical schools, the continuing appeal of Meharry, where a large percentage of black physicians in both North Carolina and the nation have been taught, cannot be minimized. The present yearly cost of $2,750 per student, under SREB contract, will in all probability go up, but even so it will still represent a most economical option for improving medical manpower in the State. In addition to those students in the Meharry program, a sizable increase of black students enrolled in medical education elsewhere should be considered an attainable goal.

While recognizing that the General Assembly in 1965 and in 1969 reacted positively with respect to a proposed two-year medical school at East Carolina University, the nature of the legislative action clearly contemplated the necessity for further steps before full approval could be given.

The 1969 General Assembly did appropriate $375,000 and stipulated that it was to be used "for planning and developing a two-year curriculum for a School of Medicine." (Chapter 1189, Session Laws of 1969.) It was assumed by the General Assembly, quite correctly, that no realistic estimate of the cost of a completely new medical school could be made without reference to a curricular program which must, of necessity, take into consideration courses of instruction, faculty, staff, library, student aid, instructional equipment, clinical resources, and capital facilities.

Now that a clearer picture of costs has begun to develop it is obvious that earlier optimistic forecasts of minimal expenditures were unfounded.

The proposal submitted by East Carolina University calls for initial expenditures of $10,700,000 for construction, $664,000 for library, and operating costs for the biennium of $2,560,000, for a proposed beginning class of 16 to 20, with a possible future increase to a maximum of 40. Annual operating costs beyond the 1971-73 biennium are estimated at about $1,500,000, with library expenditures of $375,000 (a total of $3,750,000 for the biennium). Based upon an enrollment of 20 for 1972-73, the cost for the first biennium would amount to over $100,000 per student, omitting capital outlays. For succeeding biennia the cost would be somewhat less per student at the same enrollment level. At the full level of 40 students in each class the estimated yearly cost per student in 1973-75 would be nearly $20,000, not including library costs, capital improvements, or maintenance and operation of plant. No projections have been made regarding capital expenditures beyond the initial stage; nor were maintenance and operation costs included. Costs at other beginning medical schools around the country--even at the two-year level--indicate that the East Carolina figures are conservative.

It should be pointed out that East Carolina University has expressed the hope that federal funds would be available to offset the heavy expenditure for construction. Even with President Nixon's anticipated request for increased subsidies for medical education, however, the present backlog of requests (amounting nationally to nearly $800,000,000 including nearly $350,000,000 in approved but unfunded requests) gives little ground for optimism that immediate--or even early--federal funding for a medical school at East Carolina University would be forthcoming. The shortage of federal funds in the face of mounting State demands for the tax dollar is a significant negative factor. It is clear that a two-year medical school

program will necessitate at least a facility of the magnitude projected by East Carolina.

Entirely apart from consideration of priorities as herein recommended, the Committee is aware of the fact that many leading medical educators are questioning the initiation of two-year medical schools.[5] One serious problem for the proposed school at East Carolina University, as elsewhere, is that of providing spaces at the third-year level in established medical schools at a time when there is a growing reluctance to accept transfers.[6] Even so prestigious a two-year school as that at Dartmouth, where transfer problems have been less acute than would be anticipated in a new school, has given up the two-year program and is expanding to a full professional medical school.

But there are other problems for the two-year school.[7] Building a quality school and attracting top quality faculty and students, particularly where it is dissociated from an established, large medical complex, has not proved easy for two-year institutions. A matter of considerable concern, noted by the report of the Liaison Committee, is that of financing the education of the two-year transfers. The State cannot logically set up a new two-year program without knowing or caring what will happen to students at the final stage of their training. The Committee realizes that the answer could be to provide subsidization for the transfers either at the University of North Carolina or, under contractual arrangement, at Duke, Bowman Gray and elsewhere, depending upon qualifications of students and vacancies at the receiving schools. Failing this solution the State is certain to face - if it does not anyway - the request of East Carolina University to move to a four-year professional school. Any decision at the present time for the inauguration

[5]See Carnegie Commission report on Higher Education and the Nation's Health, 1970, p. 52.

[6]"Role of Two Year Schools in Easing Shortage of Physicians," New England Journal of Medicine, July 30, 1970, p. 336.

[7]Ibid., pages 233-237.

of a new two-year medical school at East Carolina University, or elsewhere in the State, must bear the latter eventuality in mind, with the certain attendant skyrocketing costs. Per student costs for the third and fourth years are substantially higher than for the first two years. In addition, facilities would be needed vastly beyond that contemplated by a two-year program.

It is the Committee's judgment that no new two- or four-year medical school be authorized in the State until the State's top priorities for the training of physicians, as outlined above, are cared for. If, after these are provided for, the General Assembly finds it feasible to inaugurate a new medical program at East Carolina University, this program should be affiliated with the School of Medicine at the University of North Carolina in such a manner as to provide for the full transfer of students to that institution. Such an affiliation should provide for joint planning and mutual agreements regarding admissions, enrollment totals, curriculum, faculty, transfer of students and other relevant matters. Furthermore the Committee recommends that this program embrace the first year of medical education only.

A program, along the lines of this recommendation is presently operating in a number of states and has recently been endorsed by the Carnegie Commission.[8] In Indiana, for example, several state and private institutions are cooperating with the Medical School in Indianapolis by providing the first year of medical training in a comprehensive program. The University of North Carolina has, since 1968, contemplated the development of such a program with one or more institutions in this state.[9]

[8] Op. cit., p. 50.

[9] See Planning for Higher Education in North Carolina, Nov., 1968, p. 488.

The Indiana program is the outgrowth of a study begun some six years ago to determine ways of increasing medical services to that state. At that time it was already clear that trends in medical education were definitely away from a two-year program, owing to the fact, among other considerations, that the second year was being increasingly devoted to clinical training. Furthermore, it was agreed that the initial year of clinical training should not be divorced from the last two years of the program, for the reason that it would mean unnecessary duplication of specially-trained faculty, library, clinical facilities, laboratories and other more sophisticated equipment. The Indiana study concluded, therefore, that a two-year program was not in the best interest of that state, either educationally or economically.

It was determined that in Indiana, with greatly-reduced financing, the work already being offered in the sciences (particularly in the biological sciences) at the fourth-year undergraduate and at graduate levels at the several institutions could effectively be used to provide the first year of medical training. In addition, at a time when an oversupply of graduates in the biological sciences was beginning to occur, the one-year graduate program might be used to redirect students into medicine. This has already begun to happen in Indiana.

As a result of the study, cooperative programs were proposed at seven institutions as an extension of the Indiana Medical School at Indianapolis.[10] A program is already underway at Notre Dame, Purdue and Ball State universities. Officials charged with medical education in Indiana are pleased with the results to date.

Another attractive feature of the Indiana program takes place in the fourth year, which is "designed around the interests and career objectives of

[10]The affiliation at the University of Indiana (Bloomington) which pre-dates the study, remains in effect.

the individual student. . . Any part of this year may be spent in clerkships at any of a number of teaching hospitals and clinics throughout the state. It is conceivable that a student may elect to spend a major portion of his fourth year at a given hospital, then stay on at that hospital for an internship and perhaps residency training. . . Such development can pay handsome dividends both in the quality of patient care and in the attractiveness of that environment for the practitioners of medicine."[11]

The development of these clinical outlets as training facilities, with state assistance, is a success story in itself.[12] This aspect of utilizing area medical facilities which involves not only the fourth year but also potentially the fifth and sixth year residencies has obvious implications favoring the retention of medical personnel in the locality where the training is provided. Evidence shows that there is a close correlation between place of residency training and ultimate location of practice.

The University of North Carolina Medical School has already initiated a similar program and plans further expansion. The Committee feels that such an arrangement for fourth-year clinical training would be practicable and an invaluable asset at such medical centers as Greenville, Goldsboro, Wilson and elsewhere.

The Indiana study further concluded that, if an eventual four-year school were to be started at any of the campuses, it would be advisable to build upon a program which first had experience at the one-year level.

Other programs with a somewhat similar pattern of operation have recently been inaugurated in Washington, Illinois and Florida. This program concept

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[11]"The Indiana Program for Comprehensive Medical Education," JAMA, Nov. 3, 1969, Vol. 210, No. 5., p. 868f.

[12]Ibid., pp. 868-870.

has been favorably viewed by the American Medical Association and the Association of American Medical Colleges, as is evidenced by a number of recent actions accrediting such programs in several states.

The Educational Programs Committee strongly favors the utilization of existing scientific resources in the State in such a manner as to increase the number of physicians and produce a product of high quality at a greatly reduced cost. Indications are that a program providing for the first year of medical education could be inaugurated at East Carolina University with little or no additional capital investment. If a firm arrangement can be instituted under which the medical school at the University of North Carolina at Chapel Hill will accept graduates of the program, accreditation should not be a major problem. Using the Indiana recommendations as a guide, the costs at East Carolina would not exceed $500,000 per year for the 1971-73 biennium.

The Educational Programs Committee recommends that representatives of the University of North Carolina and the Medical School at Chapel Hill and representatives of East Carolina University initiate immediately discussions aimed at consummating a formal arrangement to implement the recommended one-year program with the objective of enrolling students in the East Carolina medical program during the 1971-73 biennium.

The University of North Carolina should also consider the early initiation of clinical training for advanced medical students in localities such as Greenville, Wilson, Goldsboro and elsewhere.

The acceptance of this concept for expanding medical education in eastern North Carolina implies the necessity for the submission of revised requests for supplemental funding by the institutions involved.

RECOMMENDATIONS ON MEDICAL EDUCATION

1. It is the judgment of the Educational Programs Committee that prior to approval of any new two- or four-year medical school program the General Assembly should provide for full funding for the expansion of the Medical School of the University of North Carolina so as to increase the number of entering students from the present 100 to 120 during the 1971-73 biennium and, secondly, to provide a base for further expansion to levels of 160 by 1975 and 200 by 1980. Operational costs for the first stage will be a minimum of $226,000, plus capital expenditures as noted by the University. Operating costs for future biennia are expected to be at least proportional.

2. Priority should also be given to utilizing the resources of the Duke and Bowman Gray medical schools, by means of contractual agreements, to provide for the education of the maximum number of additional North Carolina students. This recommendation includes funding of the present proposed legislation which will provide for 107 additional (over the 1968-69 total) North Carolina students at the two institutions in 1972 and 132 in 1973 at a per student cost to the State of $3,650 annually for all North Carolinians enrolled.

3. The need for more black physicians in the State calls, among other actions, for continued support of the Meharry Medical College program through the Southern Regional Education Board. The cost per student for this program is $2,750 annually. The Committee recommends that the tuition support for the students enrolled in the Meharry program be established at the same level as that provided students in the Duke-Bowman Gray program. This latter recommendation may require an increase in the $2,750 figure.

4. The plans of the University of North Carolina Medical School to expand clinical services to additional hospital centers in the State should be encouraged and supported, giving special consideration to the needs of the east and far west. We recommend appropriations to make possible the early initiation of clinical training for advanced medical students in such centers as Greenville, Wilson and Goldsboro.

5. Included in the expansion plans of the University of North Carolina Medical School is that of establishing a working arrangement with selected North Carolina institutions for medical training which would permit a year of advanced credit toward the M.D. degree. It is recommended that such an arrangement be consummated with East Carolina University so as to permit enrollment of students at that University during the 1971-73 biennium. The program, developed in line with accreditation standards, would operate at East Carolina University as a part of its School of Allied Health Sciences. The agreement should include full acceptance by the University of North Carolina Medical School of all students who satisfactorily complete the mutually-agreed-upon program of medical instruction at East Carolina.

This recommendation is in line with announced plans of the University of North Carolina to double its output of physicians by the end of the decade. It is also in line with recommendations of the Liaison Committee of AMA-AAMC that any program of medical training at East Carolina University be based upon a satisfactory arrangement for the transfer of students. It is the judgment of the Educational Programs Committee that it is not in the best interests of the State to approve any medical education program which fails to provide for transfer of students within the State for completion of their medical training.

That a cooperative program, such as the one recommended, is viable has been shown by similar arrangements in Indiana between the University Medical School in Indianapolis and Notre Dame University, Purdue University, Ball State University and Indiana University at Bloomington. Furthermore, such an arrangement has recently been approved in Florida involving the University of Florida Medical School with Florida State University and Florida A & M. Such a program is also in operation in the states of Washington and Illinois and is being studied in many other states. It is the understanding of the Educational Programs Committee that the concept of such a program, where developed in line with accreditation standards, has the approval of the AMA and the AAMC. This approach has the further advantage of providing the logical groundwork for the establishment of a possible future medical school, for it avoids the disadvantages of building without prior experience.

It is the judgment of the Educational Programs Committee that it is not educationally or economically desirable for the State to support the inauguration of a two-year medical school at East Carolina University or elsewhere. The program proposed as an alternative should, according to the best estimates, represent considerable savings in tax dollars over the cost of establishing a two-year medical school and, at the same time, train more doctors than at present.

It is the judgment of the Educational Programs Committee, confirmed by the survey team, that present facilities at East Carolina University are adequate for the program as proposed by the Committee.

This recommendation is consonant with the judgment of medical education authorities that new two-year medical schools are not desirable.[13] This judgment is borne out by the fact that most two-year schools in the country have already moved, or are moving, toward either three-year or four-year M.D.-degree-granting institutions. It would appear, therefore, that the decision for North Carolina is either the arrangement herein recommended or the establishment of a full-fledged, four-year medical school. The Committee believes that the latter choice, for the reasons indicated, is not feasible at this time.

6. It is recommended that the 1971 General Assembly appropriate funds for planning and initiating a program of first-year medical education at East Carolina University in cooperation with the Medical School of the University of North Carolina, and further that appropriate legislation be drawn that specifies a mandate of cooperation between the two state institutions involved.

The Educational Programs Committee wishes to commend East Carolina University for its interest in seeking solutions to the shortage of health-care personnel in North Carolina. The allied health programs initiated on that campus over the past several years, following approval by the Board of Higher Education, represent commendable progress and are to be encouraged. The recommendations of the Educational Programs Committee should be viewed as an endorsement of the institution's desire to serve the state and the region. This report is offered as one that seeks appropriate and realistic answers to the problem of increasing the production of physicians within the

[13]See Carnegie Commission, op. cit., p. 52.

context of sound educational planning. The hope of the Committee is that it will be accepted in that light. The combination of providing the first year of medical training on the campus of East Carolina University, in conjunction with the Medical School of the University of North Carolina, and providing clinical experience during the fourth year at medical centers in the east, as well as throughout the rest of the state, should result in a larger production of doctors and should encourage them to practice in areas that have special need of their services.

APPENDIX A

BACKGROUND HISTORY

The 1965 General Assembly authorized the creation of a two-year school of medicine at East Carolina College, contingent upon the development of a program which would "meet the accreditation standards of the Council of Medical Education and the American Association of Medical Schools and Colleges."[1] The legislation further provided that

> if the conditions imposed...have not been met by January 1, 1967, and accreditation granted, the Board of Higher Education shall study the proposal for a medical school at said college and first give its approval thereto before said college shall continue or implement any program for a two or four-year school of medicine (Chapter 986, Session Laws of 1965).

In fall 1965 medical education consultants were employed by East Carolina College to provide advice. In their January 1966 report, the consultants suggested to East Carolina College that "authorization might be sought from the Board of Higher Education and from the General Assembly for the establishment of an.../Institute/ of Life Sciences and Community Health."

A request from East Carolina College in June 1966 for authorization to create such an Institute was subsequently approved by the Board of Higher Education. The concept of the Institute was later incorporated into, and became a part of, a School of Allied Health Sciences.

The legislation of the 1965 General Assembly assigning responsibilities to the Board of Higher Education if the school were not accredited by January 1, 1967, was noted in a letter from the then Director of Higher Education, Howard Boozer, to President Leo Jenkins of East Carolina on January 13, 1967:

1/(Chapter 986, Session Laws of 1965, see Appendix I). The development of this legislation and subsequent events are reviewed on pages 9-12 of the Report of Committee on Shortage of Doctors in North Carolina (published in March 1969 by the Board of Higher Education)/.

> I am writing to confirm our telephone conversation of January 11 concerning the status of the ECC medical school request. As you know, the reason for discussing this at this time relates to the legislation adopted by the 1965 General Assembly which provided that if the conditions imposed had not been met by January 1, 1967, and accreditation granted, approval by the Board of Higher Education would be necessary before the college may 'continue or implement any program' for a medical school.
>
> At the January 20 meeting of the Board this matter will be on the agenda in order that the record may show that this matter is now dormant until such time as a specific proposal is received by the Board from East Carolina College. I might note in this connection that studies of education for several of the major professions will be incorporated in the long-range plan for higher education. One of these studies will relate to medical education.

In 1967 legislation (G. S. 116-44.10) authorized the establishment of a system of regional universities and East Carolina College was redesignated a regional university. This legislation further provided that "all references to that institution /~~e~~ach regional university~~/~~ in statutes, contracts, and other legal documents, are amended to incorporate the new name of the institutions."

The 1965 legislation authorizing a school of medicine at East Carolina College was codified as General Statute 116-46.4 and published in 1969 by the Michie Company, law publishers of Charlottesville, Virginia. This codification included the 1967 amendment substituting "East Carolina University" for "East Carolina College." This codification omitted, however, the condition imposed by Sections 3 and 4 of the 1965 legislation (Chapter 986, Session Laws of 1965) that if accreditation of the school of medicine had not been granted by January 1, 1967, "the Board of Higher Education shall study the proposal for a medical school at said college and first give its approval thereto before said college shall continue or implement any program for a two or four-year school of medicine."

On March 18, 1969, announcement was made by President Jenkins of East Carolina University to a group of legislators that East Carolina was seeking "a basic medical science curriculum--equivalent of the first two years of medical school" to be "planned and developed on its campus now." Costs for the 1969-71 biennium for this and related activities were estimated at $2,460,000.

The 1969 General Assembly subsequently appropriated $375,000 to East Carolina University for "planning and developing a two-year curriculum for the School of Medicine authorized by G. S. 116-46.4, subject to provisions of said act" (Chapter 1189, Session Laws of 1969). It should be noted that this 1969 act referred, not to the 1965 Session Laws, which had authorized a medical school only conditionally, but rather to the codification of the 1965 law, from which the condition had been omitted.